

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014174

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 5121 Registrar's No. 252

FILED MAY 14 1962

a. COUNTY Boone

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Perche

Length of stay in 1b
1 Day

c. CITY
OR TOWN Columbia

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 12 Mi. N.W. Columbia

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
405 Linda Lane

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Ben F. Wyatt

4. DATE OF DEATH
Month Day Year
May 4 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10-18-1895

9. AGE (last birthday) 66
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farm

11. BIRTHPLACE (City and state or country)
Howard County, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Sterling Price Wyatt

13b. MOTHER'S MAIDEN NAME

Lucy L. Ray

14. NAME OF HUSBAND OR WIFE

Goldie Farrar Wyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Goldie Wyatt, Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Crushing injury of chest
Tractor accident.

INTERVAL BETWEEN ONSET AND DEATH
few min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Tractor overturned, pinning him to the ground, crushing his chest.

20c. TIME OF INJURY
Hour a.m. 11 Month, Day, Year 5-4-62

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Farm

20f. CITY, TOWN, OR LOCATION

Perche Twnshp Boone

COUNTY

STATE

Mo.

21. I attended the deceased from Coroner's case to case and last saw her alive on 5-4-62

Death occurred at ca 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Richard E. Johnson, M.D.

(Degree or title)

22b. ADDRESS

Columbia, Mo.

22c. DATE SIGNED

5-4-62

23a. BURIAL, CREMATION, REBURY (Specify)

Burial

23b. DATE

5-6-1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

Columbia, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lyman Sprinkle, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

May 5 1962

26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

MAY 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

L. J. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.